

through 1 ctm. above the angle (between temporal and masseter muscles), but the joint piece is not removed. The two segments are drawn apart by hooks, and after removal of the tumor, brought back and doubly wired together.

Before closing the wound a tube was inserted reaching to the stomach. This could be removed in 10 days. Patient was discharged recovered, in 5 weeks, and with a normally acting jaw. This method he recommends in high pharyngeal resection; Gussenbauer's incision simply is sufficient in low; whilst for cases where the tumor involves the floor of the mouth Langenbeck's or Kocher's cut is most suitable. —*Centbl. f. Chirg.*, 1887, No. 28.

CHEST AND ABDOMEN.

I. On the Operative Treatment of Pyloric Stenosis. By Prof. MIKULICZ (Königsberg). Heinecke, two years since, cured a case of cicatricial stenosis of the pylorus, by slitting the constricted spot longitudinally and uniting the wound in transverse direction. Without knowing of this case M. did the same operation on a woman, æt. 20 years, with excessive stricture. The momentary functional success was brilliant, but death resulted in three days from increasing collapse. Below the pylorus was a 2 ctm. deep ulcer reaching into the substance of the pancreas. The previous hæmorrhages after each taking of food had nearly exhausted the patient. The ulcer was seared with the thermo-cautery, stopping further hæmorrhage. In this case neither resection nor gastro-enterostomy would have answered — Proceed. XVI Germ. Surg. Congress in *Centbl. f. Chirg.*, 1887, No. 25.

II. To Find the Beginning of the Jejunum. By Dr. E. HAHN (Berlin). In demonstrating an operated case of gastro-enterostomy H. stated that from numerous trials on the cadaver he had found this was very easy to accomplish. After incision of the abdominal wall the omentum and colon are pushed up, when the index finger and thumb of the right hand determine the part of the pancreas lying on the vertebral column, and seize the loop (of intestine) which crosses

from right to left just below the pancreas. If on pulling at this it does not follow, then it may be positively assumed that one has the first part of the jejunum.—Rept. of XVI German. Surg. Congress in *Centbl. f. Chirg.*, 1887, No. 25.

III. Palliative Incision for Peritoneal Tuberculosis. By Dr. REUSS (Berlin). Woman, *æt.* 36 years. For two years loss of appetite and flesh; for over one year enlarging abdomen, with pain and frequent diarrhœa. Sent to him as a cystovarium. Exploratory incision. Encapsulated peritoneal tuberculosis with clear fluid. Scattered nodules over intestines and peritoneum, also adhesions. Fluid removed. Patient discharged in sixteen days. For six months she increased in weight and enjoyed good health, but died at the end of one year from subacute intestinal tuberculosis. No recurrence of the ascites.—*Wien. Med. Woch.*, 1887, No 34.

IV. On Laparotomy in Tuberculosis of the Peritoneum. By Dr. KUERMELL (Hamburg). In the *ANNALS* for July, 1887, (pp. 71 and 72) some particulars of this method were given. K. counts up some thirty patients operated in this way, including two of his own. The first case, that of Spencer Wells, (1862) is still living. K.'s first case was that of a woman, *æt.* 17 years. Correct diagnosis not made. The walls of an encapsulated ascites were thickly covered with miliary tubercles. A double-fist-sized pocket of glands lay beside the spine. She recovered, left off morphine and gained 20 pounds in eight to ten weeks. The retroperitoneal glands became smaller, but menstruation did not return and both ovaries are involved in cicatricial tissue.

His second case was in a man—the only one in a male, so far reported—who, after being operatively cured of a pelvic caries, was attacked in a few weeks by ileus. The band causing the intestinal occlusion was freed by laparotomy. The peritoneum was found to be studded with tubercles. The patient was freed from all symptoms and increased 17 pounds in weight, but died a few months later from general tuberculosis.

Of the thirty cases only two died from the operation (sepsis). Three died from general tuberculosis in twelve, eight and five months respectively. In two cases local trouble did not occur, though a coex-